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# Your New Baby



Joseph Gatial III, MD, FAAP  
Christine Hall, MD  
Victoria Jewell-Mahler, MD, FAAP  
C. Eric John, MD, FAAP  
Amanda Kramer, MD, FAAP  
Bradley Kramer, MD, FAAP  
Elaine McGhee, MD, FAAP  
Robert Rutkowski, MD, FAAP  
Pamela Schoemer, MD, FAAP  
Robin Snyder, MD  
Deborah Aloe, PhD, CRNP  
Pamela Heald, MSN, CRNP  
Kristin MacKenzie, PA-C  
Ginger Sayers, MPAS, PA-C  
Jennifer Schzure, CRNP



**Children's**  
Community Pediatrics

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# Children's Community Pediatrics

## Office Hours and Appointments

### Moon Office

UPMC West Building, Suite E  
1600 Coraopolis Heights Road  
Moon Township, PA 15108  
Phone: 412-262-2415  
Fax: 412-262-1537

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<b>Monday through Thursday</b>	<b>8am-7:30pm</b>
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<b>Friday</b>	<b>8am-5pm</b>
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<b>Saturday</b>	<b>8am-12pm</b>
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### Wexford Office

Pine Center, Suite 105  
11279 Perry Highway  
Wexford, PA 15090  
Phone: 724-934-3334  
Fax: 724-934-9020

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<b>Monday through Thursday</b>	<b>8am-7:30pm</b>
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<b>Friday</b>	<b>8am-5pm</b>
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<b>Saturday</b>	<b>9am-12pm</b>
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### South Fayette Office

Children's South, Suite 300  
205 Millers Run Road  
Bridgeville, PA 15017  
Phone: 724-934-3334  
Fax: 412-838-0903

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<b>Monday through Friday</b>	<b>8am-5pm</b>
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<b>Walk-in hours daily</b>	<b>8am-10am &amp; 3pm-5pm</b>
<b>No afternoon walk-in hours on Good Friday, Christmas Eve or New Years Eve</b>	

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**Website: [www.childrenspeds.com](http://www.childrenspeds.com)**

## After Hours Care and Emergency Service

Our telephones are answered 24 hours a day. If you call after normal office hours, our answering service will reach us immediately in case of an emergency. If you need medical advice, a nurse from the Children's Hospital Telephone Triage and Advice Center will return your call.

## **Congratulations!**

Having a new baby can be so exciting that it's difficult to remember all of the things you've been told by your doctors and nurses in the hospital. We, the physicians of Children's Community Pediatrics (CCP) – Moon, Wexford, & South Fayette, have put together some of the more important information for you to have available when you first get home with your baby. However, if a question or problem should arise prior to your first scheduled office visit, we ask that you call our office and talk to one of us or our nurses. This booklet is not a substitute for our advice, but merely a supplement to it.

Our practice stresses the importance of well-child care. As you know, we will be seeing your child to address specific medical problems. However, we will also be looking after your child's growth and development, and trying to anticipate future problems.

## **Office Hours**

Each office has its own schedule for evening and weekend hours. When a doctor is not in the office, one of us is available on-call at all times. If you have an emergency and need to talk to us after hours, please call the number listed for your office. A Children's Hospital nurse will obtain information from you and help you if the problem is uncomplicated. If necessary, the on-call doctor is always available. If you have what you feel is a true emergency that cannot wait for a call back from us, go to the hospital (by car or ambulance, whichever is more appropriate) and call us afterward.

## **Getting To Know Your Baby**

Your baby will do some things all babies do, just because they are babies. They all sneeze, yawn, burp, hiccup, pass gas, cough, and cry. They may even occasionally look cross-eyed. Sneezing is the only way a baby can clear his or her nose of mucous, lint or milk curds. Hiccups are little spasms of the diaphragm muscle that almost never bother babies and will go away on their own. Coughing is a baby's way of clearing his throat. Crying is his way of saying "I'm hungry", "I'm wet", "I'm thirsty", "I'm too hot", "I want to turn over", "I'm too cold", "I have a stomach ache", or "I'm bored." Gradually, you will learn exactly what your baby needs.

Almost all infants have a fussy period which frequently occurs in the late afternoon or evening. A well baby may cry for a little while each day, and could cry for an hour or so occasionally. We consider this normal for a newborn. It will not spoil your baby to hold him or her when crying. As they grow older, babies become more secure, and the fussy periods tend to become less frequent.

You can take your baby outside once you leave the hospital. You should avoid crowds and people with contagious illnesses, even common colds, especially for the first 2 months of life. Try to limit visitors during this time period as well, and ask them to wash their hands before holding the baby.

## **Dressing**

Enjoy dressing your baby. During winter, remember that babies tolerate cold weather poorly and need to be bundled up warmly. Indoor temperatures should be kept between 68-74 degrees. In hot weather dress your baby as lightly as you dress yourself. In the summer, it is important to protect your baby from the sun. Sunscreen is safe to use when your baby is 6 months old. A hat is important in the winter for warmth, and in the summer to prevent sunburn.

## **Feeding**

The first decision you need to make is whether you want to breast feed or bottle feed your baby, or a combination of both. This choice is a personal one, and we will support whatever decision you make. Breast milk is the perfect food for a new baby. There is much evidence to show both short and long-term benefits from breast feeding for both mother and baby. We support all breast feeding families for any length of time. However, the current infant formulas are excellent substitutes for breast milk, and infants grow perfectly well with formula.

Breastfeeding for mothers who work outside of the home can be challenging. There are many types of breast pumps that can allow you to leave breast milk for the baby when you are away. Sometimes a combination of breast and bottle feeding works well, depending on parents' lifestyles. The most important thing is that parents and infants are comfortable and happy together. We will be available to discuss your questions and concerns and, if needed, to help you make a decision which will be best for you.

You should feed your baby on "demand". Usually this is every 2-4 hours. The time will vary depending upon your baby's needs, and we may recommend waking newborns to feed every 2-3 hours for the first few weeks of life. We will check your baby's weight at the first and subsequent visits. This is the best way to be sure your baby is getting enough milk. Frequent wet diapers (over 5-6 per day) are also a good sign that he is getting plenty.

Parents often ask about introducing solid foods early. We recommend exclusive breast or formula feeding until at the earliest 4 months of age, and for most babies until 6 months of age. Occasionally, there may be an exception to this, and we will discuss it with you.

## **Breast Feeding**

Breast feeding can be a satisfying and beneficial experience for you and your baby. For you, nursing helps to naturally contract the uterus to its non-pregnant state. Initially, you may experience cramping. A hot water bottle on your abdomen may help. For your baby, breast feeding provides nourishment, security, and antibodies for a strong immune system.

Success in nursing depends partly on the mechanical ability of your infant to stretch your nipple against the roof of his or her mouth. Place two fingers, one on each side of the nipple, and press slightly so that the nipple sticks out. When putting your baby to the breast, the best way is to stroke the baby's cheek with your nipple causing the baby to "root" (turn towards the breast).

DO NOT try to push or place just the nipple in the baby's mouth. When nursing, the baby should have the areola (the darker area surrounding the nipple) in his mouth -- not just the nipple. Before removing your baby from your breast, put your finger in the baby's mouth to break the suction.

Your baby should be nursed every 2-3 hours. Your milk should come in around 3 days after delivery. The more frequently and longer your baby sucks, the greater the milk production becomes. Usually, you will nurse the baby on both breasts at each feeding; begin feeding on the breast that was nursed last. Your baby will take most of your milk in the first few minutes of each nursing. Begin nursing for about 3-5 minutes at each breast. Gradually increase the time so that by 5-7 days of age she is nursing 10-15 minutes on each breast. It is advisable not to let your baby go longer than 3-4 hours between feedings during the day. If a baby is gaining weight well, then they can go longer stretches at night if able.

If you are unavailable for a feeding, or would like someone else to feed your baby, we recommend supplementing with expressed breast milk, or if necessary, one of the commercial formulas. Breast milk should be collected and stored in clean plastic containers (since the antibodies in breast milk stick to glass). It may be stored in the refrigerator for 24-48 hours. It may be stored for months in the freezer, but it should be frozen immediately after collection.

We recommend that you give your baby a vitamin D supplement (e.g. Tri-vi-sol or D-vi-sol), one milliliter daily. The other vitamins and iron are adequately supplied in breast milk, but breast feeding mothers should continue prenatal vitamins to supplement their regular diet. Generally you may eat any foods in moderation. On occasion, a baby will be sensitive to foods you may eat. Nursing mothers also require an increased fluid intake. You should make an effort to drink a glass of something right before or after a feeding. Rest is also important! Milk production decreases with exhaustion.

There are a few situations when you should not breast feed your baby. If you have a breast infection you should discuss this with your obstetrician and with us. Usually it is best to continue nursing. There are also some medications that can get into the breast milk; if you are taking any medications, please tell us about them. Only certain medications require breast feeding to be discontinued.

## **Bottle Feeding**

Many commercial formulas on the market are very similar. We do not recommend any particular brand over another. If you buy powdered formula or the liquid concentrate formula and use tap water, your baby will receive an adequate amount of fluoride, provided your water supply is fluoridated. You can call the water company or ask your dentist if you are not sure about whether there is fluoride in your water supply. If you have well water or other unfluoridated water, you should give a fluoride supplement beginning at 6 months of age. It is not necessary to sterilize bottles or nipples if you wash them in hot soapy water. Even though vitamin D is added to formula, we still often give formula fed babies 1 ml of a vitamin D supplement like Tri-vi-sol or D-vi-sol.

Your baby's feeding schedule will eventually work itself out. Allow your baby to tell you when he or she is hungry. This will probably work out to every 3-4 hours. Your baby will take 2-4 ounces each feeding depending on size and age. Most babies will need no more than 24 ounces a day in the first month or two, and maybe up to 24-32 ounces by two to three months.

Babies may drink formula at room temperature; it is not necessary to warm formula. Most parents prefer to warm it slightly to take the chill off. Do not use the microwave to warm formula because this may result in burns to the baby's mouth and throat due to uneven heating. Formula remaining in the bottle after a feeding should be discarded. Open cans of formula should be kept no longer than 36 hours in the refrigerator. You should never prop a bottle or leave a baby unattended or flat on his back during feedings, because of the danger of choking.

## **Burping**

Burping a baby helps to remove swallowed air. Hold him upright over your shoulder and pat or rub his back until he burps. Two alternate methods of burping are:

- \* Place the baby face down, over your lap and rub his back.
- \* Holding the baby in a sitting position leaning slightly forward with your hand supporting her under her chin; and rub the small of her back until she burps.

Some infants may require burping as frequently as every half ounce, but most will burp midway through the feeding or between taking milk from each breast. Some breast fed babies do not need to burp if they do not swallow air when they nurse.

## **Stooling**

Your baby may have a bowel movement after each feeding, may have one stool daily, or may stool once a week; all these situations may be normal. Your baby may strain and turn red when having a stool. Unless the stool is consistently hard or pellet-like, this is perfectly normal. Stools may be yellow, brown, or green in color and vary in consistency from pasty to seedy to runny. Breast fed babies normally have yellow, runny, seedy stools, which may sound explosive at times, and rarely become constipated. Breast fed babies often decrease their frequency of stools between one and two months of age, but rarely have hard stools.

## **Skin Care**

Give your baby a sponge bath every 2-3 days until the umbilical cord falls off. We suggest using a mild soap (for example, Dove, Neutrogena, or Cetaphil) which can also be used on the baby's hair. Do not use Q-tips inside the nose or ears; they are dangerous, and the material that you are trying to remove will be pushed further inside. For extremely dry skin, a fragrance-free lotion or cream (like Cetaphil, Aveeno, or Eucerin) may be helpful, but we advise moisturizing only the dry areas. Vaseline also works well. We do not recommend the use of baby powder since it may be breathed into the lungs and harm your baby. Also, some skin-care products are actually irritating. Strong detergents, fabric softeners, and perfumed products often cause rashes.

## **Jaundice**

Jaundice is a yellow color to the skin and the whites of the eyes that some babies will develop on the second to fifth day of life. It is more common in breast fed babies. It can last 1-2 weeks, sometimes longer in breast fed babies, and, if mild, is usually harmless. If your baby's skin appears very yellow, or if you're not sure, please call our office so that we may examine your baby to determine if a blood test is needed. High levels of jaundice may require phototherapy in your home or in the hospital. We will explain this in detail if it becomes necessary.

## **Umbilical Cord**

Cleaning the umbilical cord is unnecessary unless dirty. You may clean the base of the umbilical cord with rubbing alcohol on a Q-tip or cotton ball if needed. At other times you should keep it as dry as possible. After ten days to three weeks, the umbilical cord will usually fall off. Sometimes, after the cord falls off, there are a few drops of blood; this is normal, unless it becomes heavy or persists. Once the cord is off and the belly button remains dry, you may start giving your baby a tub bath.

## **Genitals**

For the first 4 or 5 days, while the circumcision is healing, the site will be very red and the head of the penis may have some yellow areas on it. This is normal healing skin. If stool gets on the head of the penis, then gently wipe the penis with a soft cloth and warm water. Then apply Vaseline or A&D ointment to the tip of the penis.

After the circumcision has healed, be sure to clean the penis at each diaper change. Gently slide the skin toward the baby's body to fully expose the head of the penis (the glans). If this is difficult,

please discuss this with us at your next visit. Clean all around it to remove any lint or diaper fuzz that may collect there. It is a good idea to continue to use some ointment on this area to prevent adhesions from forming, which we can talk about at any visit.

If your baby is uncircumcised, clean his penis with soap and water during the normal bathing. You do not need to retract the foreskin at birth -- so don't try.

For baby girls, you just need to gently clean between the skin folds of the labia. Lint and stool can collect there. You may notice for the first few days a mucous or bloody vaginal discharge. This is a normal hormone-related occurrence in newborn females.

## **Diaper Rashes**

Diaper rashes can be caused by many different problems. Daily use of Vaseline or other barrier creams may help to prevent them. One of the most common is irritation caused by urine and stool against the baby's skin for a prolonged period of time. If you notice that your baby's bottom is becoming red and irritated, try changing the diaper more frequently and allowing the skin to air-dry after cleaning the area. If this does not clear up the rash, place some Desitin, A&D, or Balmex on the rash. We do not recommend baby powder. If the rash is severe or persistent, we should see your baby.

## **Newborn Acne**

At about 3 weeks of age, many babies develop facial acne which is a result of female hormone withdrawal. This usually last 1-2 months, and requires no special treatment other than washing with soap and water.

## **Fingernails**

Fingernails should be trimmed frequently, but don't cut the corners too closely. A nail file or emery board may also be used to smooth rough edges. The easiest time to trim the baby's nails is during feeding or sleeping.

## **Sleeping**

You may expect your new baby to do a lot of sleeping. Studies have shown that placing babies on their backs helps to reduce the risk of SIDS (Sudden Infant Death Syndrome). Therefore, the American Academy of Pediatrics recommends that infants should be placed on their backs for sleep. Babies should not have pillows or blankets in their sleeping area, and in no circumstance should they sleep in bed with their parents. Such bedding can be very dangerous to an infant and significantly increases their risk of SIDS. We recommend some "tummy time" while the baby is awake and you are observing him. This will help prevent flat spots on the back of the head, and is good for your baby's development.

## **Equipment/Safety**

It is important to have and to know how to read a rectal thermometer, so learn this before you need to use it. Before using the thermometer, lubricate it with a small amount of Vaseline and gently insert the thermometer about one-half inch into the rectum until the temperature reads as stable. Any temperature over 100.4 degrees Fahrenheit or 38 degrees Centigrade is considered a fever. It is not an illness by itself, but generally is a sign of illness. A fever in infants under 2 months of age is unusual, and you should call the office immediately.

A room humidifier or cool mist vaporizer moistens the environment in which the baby sleeps, and helps with nasal stuffiness. Cool mist is more efficient and safer than steam mist. Do not use medication in the vaporizer, only water.

It is useful to have a bulb syringe at home. This is a device to suck mucus out of a baby's nose. One way to loosen the mucus is to place two drops of salt water nose drop solution into each nostril with a medicine dropper. To make these nose drops, mix 1/4 teaspoon salt in 1/2 cup of warm water, or you can buy them ready-made at the pharmacy.

Every house should have a smoke detector and a carbon monoxide detector. Ideally there will be one of each near or in the baby's room and another on the lower level. You should also contact your local fire department about getting "Tot Finders." These are stickers that go on the baby's window so that the firemen will be able to know which rooms have small children.

The law requires you to secure your infant or young child in an approved car seat. Make it a habit to use a car seat 100% if the time your child is riding in a vehicle. The baby should be in a rear-facing car seat until 2 years old or baby outgrows the manufacturers recommendations for your car seat. You should be a good role model and a safe driver or passenger by using your seat belt. Never place an infant or child in the front seat; they are safer in the back.

We do not recommend infant walkers because of the high rate of accidents, especially falls. Another safety suggestion is to never use necklaces or tie pacifiers or other objects around your baby's neck; this is a strangulation hazard. Naturally your house should be child-proofed once your baby can get around. Child-proof latches on low cabinets are helpful, but all poisons and medicines should be placed in high cabinets out of your child's reach. Electrical outlet covers should also be used.

## **Immunizations**

Immunizations are the best way to protect your baby against some very serious diseases, such as polio, diphtheria, whooping cough, measles, mumps, rubella (German measles), hepatitis, meningitis, gastroenteritis, and chicken pox. Vaccines are safe, effective, and life-saving. We absolutely endorse fully vaccinating children on the recommended schedule.

Immunization should begin as early as birth to 2 months. There's no need to delay giving a vaccine if your baby has a mild illness, such as a cold or mild sore throat. You will need proof that your child has received all necessary vaccines before he or she starts daycare or kindergarten. Most vaccines require a series of injections to make sure your baby is fully protected, or immunized. In some cases, immunization lasts a lifetime. In other cases, a booster shot may be needed years later.

Vaccines may cause some minor reactions, such as redness where the injection was given, a slight fever, or fussiness. More serious problems are rare. There are some children who should not receive certain types of vaccines because of allergies or for other reasons. Be sure to talk to your doctor about any allergies or other special health conditions your baby has before he or she receives any vaccine.

To help keep track of your baby's vaccines, you will receive a booklet in which we will record immunization dates. Keep it in a handy place and bring it with you to your child's visit so it can be updated with each well child visit.

## **Book List**

**Caring for Your Baby and Young Child, Revised Edition : Birth to Age 5**, by American Academy of Pediatrics, Steven Shelov M.D., Editor.

**Heading Home With Your Newborn: From Birth to Reality**, by Laura A. Jana, M.D., and Jennifer Shu, M.D.

**Your Baby's First Year**, by the American Academy of Pediatrics, Steven P. Shelov, M.D., Editor in Chief.

**The American Academy of Pediatrics Guide to Your Child's Symptoms : The Official, Complete Home Reference, Birth Through Adolescence (Guide to Your Child's Symptoms)**, Donald Schiff M.D. and Steven Shelov M.D., Editors.

**Your Child's Health : The Parents' Guide to Symptoms, Emergencies, Common Illnesses, Behavior, and School Problems**, by Barton Schmitt, M.D.

**Infants and Mothers : Differences in Development**, by T. Berry Brazelton.

**New Mother's Guide to Breastfeeding**, by the American Academy of Pediatrics, Joan Younger Meek, M.D., Editor-in-Chief.

**Breastfeeding Your Baby, Answers to Common Questions**, by the American Academy of Pediatrics.

**Solve Your Child's Sleep Problems**, by Richard Ferber.

**The Happiest Baby on the Block**, by Harvey Karp.

**Healthy sleep habits, happy child**, by Marc Weissbluth.

## **Helpful Phone Numbers**

Magee-Womens Hospital Lactation Center: 412-641-1121

Sewickley Valley Hospital Lactation Center: 412-749-7494

Ohio Valley General Hospital Lactation Center: 412-777-6160

West Penn Hospital Lactation Center: 412-578-7030

LaLeche League: 412-276-5630

Pittsburgh Poison Control Center: 1-800-222-1222

Children's Hospital Main Number: 412-692-5325

Allegheny County Health Department: 412-687-2243

WIC Appointment Line: 412-350-5801 (Allegheny county) or 1-866-942-2778

## **Recommended Web Sites**

American Academy of Pediatrics: [www.aap.org](http://www.aap.org)

Children's Hospital of Pittsburgh: [www.chp.edu](http://www.chp.edu)

Centers for Disease Control and Prevention: [www.cdc.gov](http://www.cdc.gov)

Immunization Action Coalition: [www.immunize.org](http://www.immunize.org)

AAP Immunization Initiatives: [www.cispimmunize.org](http://www.cispimmunize.org)

Car Seat Installation Videos: [www.chop.edu/carseat](http://www.chop.edu/carseat)

Government Vehicle Safety Information: [www.safercar.gov](http://www.safercar.gov)



